MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036109 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. C002 Registrar's No. 5001

FILED SEP 27 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	3038 N		
3			
4	1		
5	2		
6			
7	2		
8	0		
9	4201		
10			
11			
12	60-2		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
   a. COUNTY: Jackson
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City
   Length of stay in lb: 1901
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lakeside Hospital
   Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Missouri b. COUNTY: Jackson
   c. CITY OR TOWN: Kansas City
   Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 709 E 5th
   Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First ELIZABETH Middle ELIZABETTA Last ETTARIE

4. DATE OF DEATH: Month Sept Day 11 Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8-16-79

9. AGE (last birthday): 84
   IF UNDER 1 YEAR: Months Days
   IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Italy

12. CITIZEN OF WHAT COUNTRY: Italy

13a. FATHER'S NAME: Lorenzo Noto

13b. MOTHER'S MAIDEN NAME: Giovannina Gabrielle

14. NAME OF HUSBAND OR WIFE: Sam

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT Address: Miss Rose Ettarie 709 E 5th

18. CAUSE OF DEATH (Enter only one cause per line.)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Myocardial failure
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b): Bowel obstruction
   DUE TO (c): advanced arteriosclerosis
   INTERVAL BETWEEN ONSET AND DEATH:
   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): results

   PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955 to 1963 and last saw her/him alive on Sept 10-63
   Death occurred at 4 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James E. Griffin MEDICAL CERTIFICATION

22b. ADDRESS: 3400 Paseo K.C. Mo.

22c. DATE SIGNED: 9/11/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 9-14-63

23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR ADDRESS: SEBBETO FUNERAL HOME K. C. Mo.

25. DATE RECD. BY LOCAL REG.: 9-12-63

26. REGISTRAR'S SIGNATURE: Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

1 Copy

James Griffin
3900 Pierce
Jo 1-4650

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Forest D. Goldsmith

Licensed Embalmer No. 4714

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.